

PURPOSE OF THE POLICY

To define coverage criteria for Kepivance® (palifermin).

STATEMENT OF THE POLICY

Kepivance® (palifermin) will be covered if the following criteria are met, and applies to new starts only for Medicare Part D members.

PROCEDURES

1. Inclusion criteria

- 1.1 Approved for FDA approved indications, not otherwise excluded from Part D.
- 1.2 Kepivance is prescribed by an oncologist.

2. Exclusion criteria

- 2.1 Patients with
 - Non-hematologic malignancies.

HISTORY

- 1.1.09-Thowerton-created for Medicare Part D 2009
- 1/1/2010-Thowerton - P&T no changes
- 1/1/2011-Thowerton- P&T no chngs
- 1/1/2012- Thowerton- removed age restrictions per CMS outlier justifications

REFERENCES